

STATEMENT OF EXPERIENCE
Section 00400CMR

Attachment A
(Criteria Item 5)
OFFEROR'S INFORMATION

Offeror must answer all questions completely and all information must be clear, accurate and comprehensive. If necessary, questions may be answered on separate attached sheets.

If Offeror is a Joint Venture, complete Attachment A for **each** joint venture firm(s).

A.	Name of Offeror:	
	Parent company if subsidiary:	
	Offeror's Permanent Address:	
	Branch office, if applicable:	
	Offeror's Phone No.:	

B.	Number of Years in Business:	
C.	Indicate whether Offeror is a partnership, corporation, joint venture, or individual:	
	State in which incorporation or license to operate:	
	If a Joint Venture, Percentage Control:	
D.	Federal Tax ID:	Vendor Code:

E.	Name of Contact Person:	
	Address:	
	Phone:	Email:

F.	If different from "Contact Person", provide name of individual in your organization authorized to negotiate contract terms and render binding decisions on contract matters:	
	Address:	
	Phone:	Email:

G.	Has the Offeror defaulted on a contract? YES (____) NO (____)
	If yes, please explain. Add additional sheets if necessary.

H.	Currently or in the last five (5) years has Offeror been a party to any claims, judgments or lawsuits as a part of any project to which it was involved? YES (____) NO (____)
	If yes, please explain. Add additional sheets if necessary.

I.	Is the Offeror or principals of Offeror now, or has the Offeror or principals of Offeror, ever been involved in any bankruptcy or reorganization proceedings? YES (____) NO (____)
	If yes, please explain. Add additional sheets if necessary.

J.	Describe the quantity and nature of any work, interest in work, partnership interest, land ownership or other interest in any project, property or business dealing within the proposed project area or part or current business relationship which may give rise to a potential conflict of interest for your firm or associated firms in the execution of this project:

K.	Texas Board of Professional Engineers (TBPE) Registration No.: (IF APPLICABLE)	
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L.	Registered Architect (TBAE) Registration No.: (IF APPLICABLE)	
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M.	I hereby acknowledge receipt of the following addenda, if applicable.		
	Addendum No.	Date of Addendum	Date Received
	Addendum No. 1		
	Addendum No. 2		
	Addendum No. 3		
	Addendum No. 4		

END